

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">10/030058</div>	FILING DATE
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CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.			↓										↓
TOTAL CLAIMS													

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS